## SUMMARY SHEET

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	214,268	-0.4%
0.	Extended Coverage	214,268	0.4%
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		DIVISION OF INSURANCE
	Other		STATE OF ILLINOIS/IDFPR
15.			7720
15.	Line of Insurance		AUG 0 8 2005
		erritories) or certain classes? If s	AUG 0 8 2005
Doe	es filing only apply to certain territory (t		so, specify:
Doe			so, specify:
_Y 	es filing only apply to certain territory (t	vn of changes by Type of Busine	so, specify: SPRINGFIELD, ILLINOIS
Doe Y —	es filing only apply to certain territory (to see, see Summary Page 1 for breakdown ef description of filing. (If filing follows to see the second section of filing.)	vn of changes by Type of Busine	so, specify: SPRINGFIELD, ILLINOIS
Doe  Y  Brid	es filing only apply to certain territory (to see, see Summary Page 1 for breakdown ef description of filing. (If filing follows to see the second section of filing.)	vn of changes by Type of Busine rates of an advisory organization arm Equipment Dealers.  Inges.	so, specify: SPRINGFIELD, ILLINOIS
Doe  Y  Brid	es filing only apply to certain territory (to ces, see Summary Page 1 for breakdown ef description of filing. (If filing follows to Revising Type of Business Factor for Factor	rates of an advisory organization arm Equipment Dealers.  Inges.  Thich	so, specify: SPRINGFIELD, ILLINOIS  a, specify organization):  ne of Company
Doe  Y  Brid	es filing only apply to certain territory (to ces, see Summary Page 1 for breakdown ef description of filing. (If filing follows to Revising Type of Business Factor for Factor	rates of an advisory organization arm Equipment Dealers.  nges. thich	so, specify: SPRINGFIELD, ILLINOIS  a, specify organization):

## SUMMARY SHEET

	Change in Company's pre revision effective 9/1/05	mium or rate level produced by	y rate
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	214,268	-0.4%
10.	Extended Coverage	214,268	-0.4%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		DIVISION OF INSURANCE
15.	Other		ETATE OF ILLINUIS/IUFFO
10.	Line of Insurance		RECEIVED
			AUG 0 8 2005
Dos	es filing only apply to certain territory	(territories) or certain classes? If s	so, specify:
			CODINGEIEID II LINOI
<u>Y</u>	es, see Summary Page 1 for breakdo	own of changes by Type of Busine	ess.
	ef description of filing. (If filing follows		n, specify organization):
_			
** (	Adjusted to reflect all prior rate che Change in Company's premium level will result from application of new rate	which	
			ne of Company
		Federated	Service Insurance Company Official – Title
			ਅਸਾਨਕਾ – । ਸ਼ਾਦ ammel. Vice President